

Message Text

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ACTION MED-03

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O 141011Z JAN 75

FM AMCONSUL KADUNA

TO CDC ATLANTA, GA. IMMEDIATE

INFO AMEMBASSY LAGOS IMMEDIATE

SECSTATE WASHDC IMMEDIATE 2930

C O N F I D E N T I A L KADUNA 0027

E.O. 11652: GDS

TAGS: AMED, NI

SUBJECT: LASSA FEVER REPORT

NEWBERRY FOR LANE/HOGAN

LAGOS FOR AMBASSADOR OR DCM ONLY

1. AMERICAN PHYSICIAN CHARLES MARESH REPORTS DEATH OF A 42 YR OLD BRITISH NATIONAL PEDIATRICIAN WORKING CATHOLIC MISSION HOSPITAL AT ZONKWA NCS. TERMINAL ILLNESS AND SYMPTOMS COMPATIBLE WITH LASSA. UNRESPONSIVE TO TYPHOID THERAPY.

2. HISTORY: DR. PETER KENNEDY WAS EXPOSED TO NIGERIAN PATIENT WHO DIED OF FUO UNRESPONSIVE TO ANTIBIOTICS. KENNEDY ACCIDENTLY PUNCTURED FINGER DRAWING BLOOD SPECIMEN FROM INDEX CASE. DATE OF EXPOSURE AND HISTORY INDEX CASE UNCERTAIN. WILL PROVIDE INFO PRN.

A. KENNEDY DEVELOPED SYMPTOMS OF FEVER, MUSCULAR, SKELETAL ACHES AND PAINS ON 1/2/75. CONSTIPATION FIRST 48 HOURS UNTIL 1/4/75 WHEN PT. DEVELOPED DIARRHEA, SEVERE VOMITING, PROSTRATION, HEADACHE, JOINT PAIN, AND PARTIALLY REMITTENT FEVER OF 104 DEG F. PT TREATED FOR MALARIA AND WITH AMPICILLIN 4 GM PARENTALLY DAILY FOR POSSIBLE TYPHOID. PT CONDITION DETERIORATED. HE WAS TRANSFERRED TO ABU HOSPITAL KADUNA ON 1/8/75.

B. ABU ADMISSION EXAMINATION REVEALED MILDLY OBTUNDED PT SLIGHTLY
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CONFUSED. TEMP 103; PULSE 92; BP 112/76: CONJUNCTIVAL

INJECTION; MARKED ERYTHEMA OF ORAL PHARYNGEAL MUCOSA; COATED TONGUE; GRAY WHITE EXUDATE ON PHARYNX YIELDED MONILIA BY MICROSCOPY; SHOTTY AXILLARY ADENOPATHY; CARDIAC ARRHYTHMIA AND ECTOPIC PREMATURE BEATS NOTED; NEG. ABDOMEN; SKIN WARM AND DRY; NO PALLOR.

C. LAGO

RESULTS: WBC 3,200; DIFF NORMAL; BLOOD UREA 16; POTASSIUM 3.2; VIDAL NEG; UA SHOWED ONE PLUS PROTEIN AND FEW GRANULAR CASTS.

3. ABU HOSPITAL STAFF IMPRESSIONS:

A. ALL FINDINGS CONSISTANT WITH TYPHOID OR VIRAL ILLNESS.

B. LASSA FEVER DX CONSIDERED; ISOLATION PRECAUTIONS INITIATED.

C. AMPICILLIN CONTINUED 6 GM DAILY.

D. IV DISCONTINUED AFTER FIRST LITER PROMPTED PULMONARY EDEMA.

E. POSSIBILITY OF LASSA FEVER AND OBVIOUS NEED FOR INTENSIVE MEDICAL CARE RESULTED IN DECISION FOR MEDICAL EVACUATION PT TO LONDON SCHOOL OF TROPICAL MEDICINE.

4. PT TRANSFERRED TO KANO BY ROAD AND AFTER 24 HOUR DELAY DEPARTED NIGERIA 1/10/75 FOR LONDON VIA SABENA FLIGHT. ADMINISTRATION OF STEROIDS AT AIRPORT PRODUCED OBVIOUS IMPROVEMENT.

5. DR. KENNEDY REPORTED DEAD BY LSTM ON 1/12/75. POST AND LAB RESULTS NOT YET AVAILABLE.

6. ACTION REQUESTED. PLEASE ADVISE ASAP

A. LATEST MEDICAL INFO ON LASSA FEVER, EPIDEMIOLOGY, DIAGNOSIS, PROPHYLAXIS AND TREATMENT REGIMEN.

B. SOURCES OF CONVALESCENT SERA FOR TREATING LF EXPECIALLY SOURCES IN NIGERIA.

7. ABOVE INFO WILL BE SHARED WITH DR. MARESH THE ATTENDING
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PHYSICIAN TO KENNEDY.

8. NO REPORT OF LASSA FEVER TO NIGERIAN MEDICAL AUTHORITIES OR AIRLINES AS OF 1/14/75. WILL ADVISE IF CDC EXPERTIZE REQUESTED.

9. USG OFFICIALS NOT INFORMED OF CASE UNTIL 1/13/75 WHEN MARESH GAVE ABOVE DETAILS TO NEWBERRY, SO NO ADVICE REGARDING TREATMENT OR HANDLING OF PATIENT PROFFERED. DECISION TO MOVE SUSPECT LASSA

PATIENT ABOARD COMMERCIAL AIRCRAFT WAS MADE BY DIRECTOR INTERNAL
MEDICINE ABU HOSPITAL. WE DO NOT INTEND INSERT OURSELVES INTO
SENSITIVE SUBJECT PARTICULARLY SINCE STILL NO CONFIRMATION OF EXIST-
ENCE OF LASSA. HOWEVER, INFORMATION REQUESTED IN PARA 6 ABOVE
ESSENTIAL FOR EVENTUAL PROTECTION U.S. NATIONALS, IF REQUIRED.
TRAIL

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